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MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
MEMORANDUM

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**TO:** VONDIE WOODBURY, COMMUNITY INTERFACE WORKGROUP FACILITATOR  
ELAINE BEANE, DATA SYNTHESIS WORKGROUP FACILITATOR  
HOLLIS TURNHAM, MODELS DEVELOPMENT WORKGROUP FACILITATOR

**FROM:** LONNIE BARNETT, MDCH HEALTH PLANNING AND ACCESS TO CARE SECTION  
MANAGER

**CC:** SPG TEAM

**SUBJECT:** ~~WORKGROUP INTERACTIONS~~INSURANCE COVERAGE AND HEALTH CARE COVERAGE-  
CLARIFICATIONS

**DATE:** ~~9/18/2005~~9/28/2005

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Clarification has been requested on the distinctions between health insurance coverage and health care coverage, and the implications of these distinctions for the Uninsured Project. A document has been prepared which describes health insurance coverage and health care coverage (see attachment). During the initial meetings of the project workgroups, some items emerged that appear to be in the domain of more than one workgroup. Clarification on these items is provided below.

~~**Focus Groups:** The focus groups are one of the data collection activities; and will be conducted through the contract in place with MPHI/CRHOP. The methodological details (questions, format, etc) are within the purview of the Data Synthesis Workgroup (WG). Determining participants and assuring appropriate participation falls within the purview of the Community Interface WG.~~

~~**Key Informant Interviews:** This activity actually spans all 3 workgroups to some degree, in that the methodological details will be handled by the Data Synthesis WG, the identification of the key informants falls with the Community Interface WG, and the topic of the key informant interviews will, at least in part, be based on the review and preliminary recommendations coming forth from the Models Development WG. The key informant interviews are planned for early 2006.~~

~~**Assessment of current health insurance and coverage environment/Landscape Analysis:** This activity falls within the purview of the Data Synthesis WG, with support coming from our colleagues at HMA. The Models Development WG, which will be using the Landscape Analysis during its deliberations on expansion options, should review the framework for the Landscape Analysis to assure that it will be meet the information needs for the Models Development WG. The Data Synthesis WG should develop the framework for the Landscape Analysis.~~

~~**The Safety Net:** The topic of the safety net has been raised at various meetings. Although the focus of the grant is on insurance coverage expansion, and not on expanding or strengthening the safety net, we will look at the implications on the safety net of the various coverage expansion models that are explored in-depth. I anticipate that information requested by the Models Development WG on the safety net for this purpose will be directed as a data request to the Data Synthesis WG.~~

~~Please let me know if additional clarification or discussion is needed on these issues. I expect additional issues will surface as we move forward on this initiative, and effective communication among staff and facilitators will assure that these issues are addressed appropriately and efficiently.~~

~~Thanks.~~

For Michigan's Uninsured Project, HRSA has asked for us to look at insurance coverage, and to develop a plan that would extend health insurance coverage to all Michigan citizens. However, HRSA has also acknowledged that progress towards this end will need to be incremental, and with this in mind, has been receptive to approaches that extend health care (not just insurance) coverage. In fact, many states have looked and continue to look at the approaches already enacted in Michigan to extend coverage, as part of their HRSA SPG funded planning activities.

HRSA has been very clear that our approach is to focus on coverage, and not care. Although we can and should consider the capacity of the health care delivery system (and the safety net within this system) to deliver the care needed in support of our coverage (insurance coverage and coverage) expansion options, it would NOT be consistent with the HRSA program expectations for our final recommendation to be that we establish a network of safety net clinics around the state with the capacity to serve all the uninsured.

So for us in Michigan, our longer-term goal is to look at insurance coverage for all Michigan citizens; but in the shorter term, we should consider coverage expansion options that build upon and augment the coverage programs already in place in Michigan. It would also be appropriate for us to assess and evaluate (and/or review existing evaluations) the current coverage programs in place in Michigan. How effective have these programs been? What has been the impact of the coverage programs on the insurance marketplace? What has the take-up rate been for these coverage programs, and if it is recommended that these programs be expanded, what are the barriers or obstacles that currently limit take-up? How might the potential changes in Medicaid financing impact the viability of these programs (in the short and longer term)? How are these programs perceived in local communities, and within the provider communities (and what are the implications of these perceptions?) Etc, etc.